
From: Kaye, Melissa [/O=CORPNYCHHC/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MELISSA.KAYE.BELLEVUE.NYCHHC.ORG]
Sent: 10/31/2018 9:08:02 AM
To: Santa Maria, Nate (Doctors Council) [nsantamaria@doctorscouncil.org]
BCC: melissakayemd@gmail.com
Subject: Fw: CONFIDENTIAL - REASONABLE ACCOMODATION REQUEST FORM
Attachments: Reasonable Accommodation Request Form.pdf

?FYI

From: Granderson, Ricardo
Sent: Tuesday, October 30, 2018 10:01 AM
To: Kaye, Melissa
Subject: FW: CONFIDENTIAL - REASONABLE ACCOMODATION REQUEST FORM

Dr. Kaye, I have just been advised that HHC policy does not allow third party accommodations, i.e. for children, spouses, etc. Consequently, you are not covered under the Reasonable Accommodation standard. You should disregard the request to complete the form. As an alternative, you may qualify for FMLA (Family Medical Leave) or may specifically make inquiries of your current management regarding your situation and needs. If you are interested in a more detailed conversation, you may call me or I can refer you to my boss, the Regional Director, who can convey the details more authoritatively.

Please accept my apology for the confusion.
Ricardo

From: Granderson, Ricardo
Sent: Tuesday, October 30, 2018 9:48 AM
To: Kaye, Melissa
Subject: CONFIDENTIAL - REASONABLE ACCOMODATION REQUEST FORM

Good afternoon, Dr. Kaye. Based on our conversation, I have attached a Reasonable Accommodation Form for you, the employee, to complete in consultation with your medical professional if needed. To support your request for a reasonable accommodation, you are requested to provide separate medical documentation from your healthcare provider indicating the nature/severity of your minor child's disability, and the suggested accommodations that will assist you in performing the essential functions of your job. Please ensure that your medical professional's note contains all of the items of information listed on page 2 of the Form, including the nature of the qualifying medical condition(s), abilities and limitations, how it relates to the accommodation(s) being requested, and the anticipated duration of the time the accommodation will be needed.

Once completed, please email the Form and medical documentation only to me no later than November 6, 2018. Please note that failure to provide the requested documentation may result in a denial of your reasonable accommodation request. If you have any questions, please do not hesitate to contact me at 212-788-3372.

Ricardo Granderson